DEVELOPMENTAL DISABILITIES PROGRAM
CHILDREN'S AUTISM WAIVER
ENTRY/EXIT AGREEMENT

IDENTIFYING INFORMATION		
Child Name: Click here to enter text.	AWACS#: Click here to enter text.	DOB: Click here to enter text.
Parent/Guardian: Click here to enter text.		

ANNIVERSARY/EXIT DATES	
Children's Autism Wavier Anniversary Date: the anniversary date is defined as the delivery date of the first Children's Autism Wavier service billed to the State of Montana Developmental Disabilities Program.	Anniversary Date: Click here to enter text.
Children will transition from the Children's Autism Waiver after three years of billed Children's Autism Wavier services (determined using the anniversary date) and prior to the age of eight. The end date is either the third anniversary of services or one day prior to the child's 8th birthday, whichever is first.	End Date: Click here to enter text.
I understand the above "End Date" is the last possible date my child will be enrolled in the Children's Autism Waiver. Parent/Guardian Signature:	Date of Signature:
As the provider of Children's Autism Waiver services for the above family, we agree with the Anniversary Date and End Date of Children's Autism Waiver Services. Provider Representative Signature:	Date of Signature:

CHILDREN'S AUTISM WAIVER PORTING DOCUMENTATION (complete only if family/child elect to port)		
As parent/guardian of the recipient of Children's Autism Waiver Services, I have elected to port the following service(s) to the following qualified provider of Children's Autism Waiver Services: Click here to enter text.	Parent/Guardian Signature	Date
As the current provider, we agree the final billed date of Children's Autism Waiver Services will be: Click here to enter text.	Provider Representative Signature	Date
As the new provider of Children's Waiver Services, we agree to not bill until (must be AFTER the date listed above): Click here to enter text. As the new provider, we agree with the above listed "End Date" and will exit the child from the Children's Autism Waiver.	Provider Representative Signature	Date

Copies (upon agreement of anniversary date and if the family chooses to port any services)

Family
Provider(s)
DDP Regional Office
DDP Central Office